### CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 190131-1114031

Filing Date: 01/31/2019

Feb 22 2019 REFERENCE ID: 291492

#### STATE OF SOUTH CAROLINA SECRETARY OF STATE

# ARTICLES OF ORGANIZATION Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1.	The name of the limited liability company (Company ending must be included in name*)
	Cystra Ventures Ltd. Co.
	*Note: The name of the limited fiability company must contain one of the following endings: "limited fiability company" or "limited company" or the abbreviation "L.L.C.", "LC", "LC", or "Ltd. Co."
2.	The address of the initial designated office of the limited liability company in South Carolina is 2236 Ashley Crossing Drive
	(Street Address)
	Charleston, South Carolina 29414
	(City, State, Zip Code)
3.	The initial agent for service of process is
	Daniel Bostic
	(Name)
	(Signature of Agent)
	And the street address in South Carolina for this initial agent for service of process is: 2236 Ashley Crossing Drive
	2230 Ashley Clossing Drive
	(Street Address)
	Charleston South Carolina 29414
	(City) (Zip Code)
4.	List the name and address of each organizer. Only one organizer is required, but you may have more than one.
(a)	Daniel Bostic
	(Name)
	2236 Ashley Crossing Drive
	(Street Address)
	Charleston, South Carolina 29414
	(City, State, Zip Code)

## CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE

Feb 22 2019 REFERENCE ID: 291492

EFERENCE ID: 291492	Cystra Ventures Ltd. Co.
World Hammond	
ARY OF STATE OF SOUTH CAROLINA	
	Name of Limited Liability Company
(b)	
(Name)	
(Street Address)	
(City, State, Zip Code)	
Check this box only if the company is term specified.	s to be a term company. If the company is a term company, provide the
6. Check this box only if management of company is to be managed by mana	of the limited liability company is vested in a manager or managers. If this igers, include the name and address of each initial manager.
(a)	
(Name)	
(Street Address)	
(City, State, Zip Code) (b)	
(Name)	
(Street Address)	
(City, State, Zip Code)	
7. Check this box only if one or more o	of the members of the company are to be liable for its debts and obligations
under Section 33-44-303(c). If one or mor	re members are so liable, specify which members, and for which debts, liable in their capacity as members. This provision is optional and does

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of

State. Specify any delayed effective date and time \_

## CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE

Feb 22 2019 REFERENCE ID: 291492

Date: \_\_\_\_\_

Mark Hammond	Cystra Ventures Ltd. Co.	
REJURY OF STATE OF SUBTRICARDINA		
	Name of Limited Liability Company	
•	e organizers determine to include, including any provisions that ted liability company operating agreement may be included on a section if you include a separate attachment.	
Daniel Bostic		
Signature of Organizer		
Date: 01/31/2019		
Signature of Organizer		